

**Temporary Assistance to Needy Families (TANF) Alcohol and Other Drug Abuse (AODA)  
Treatment County**

It is further understood and agreed by both parties through this attachment to the CY 2018 "State and County Contract Covering Social Services and Community Programs" that:

**I. Funds Provided/Period Covered**

Funds are provided from State General Purpose Revenue (GPR) 100%. These funds are provided by the Department to the County for the contract period beginning January 1, 2018, through December 31, 2018.

Reference GRFP G-0498-DCTS-16 for further details regarding this program.

Payments through 6/30/18 are limited to 3/12ths of the contract with the balance paid after 7/1/18 based on reported costs up to the contract level.

**II. Purpose and Service Conditions on the Use of the Additional Funds**

- A. Scope of Services:** These additional funds shall be used by the County only for the *following purposes and under the following service conditions: In accordance with your application submitted under Statewide Solicitation of Grant Applications for Temporary Assistance for Needy Families (TANF) and Community-Based Alcohol and Other Drug Abuse Treatment Programs.*

All of these additional GPR funds must be used by the County for substance use disorder services for TANF-eligible individuals and their families, Parents with minor child(ren) who reside in the household, pregnant women, and non-custodial parents of minor children, involved in multiple systems and in need of treatment for substance use disorder, who are eligible for federal temporary assistance for needy families (TANF) under 42 USC § 601et. Seq, who have a family income of not more than 200% of the federal poverty level (FPL), as defined in Wis.Stat. § 49.001 (5), 42 USC § 9902(2).

Pregnant Women and Women with Dependent Children, including women who are attempting to regain custody of their children, as outlined in (B) below.

## **B. Treatment Services Requirement**

### **Priority Populations**

Addiction treatment programs funded by the Division of Care and Treatment Services (DCTS) must give preference in admission to pregnant women who seek or are referred for and would benefit from treatment services. Further, all entities that serve women and who receive DCTS funds must provide preference in the following order:

- To pregnant women who inject drugs, first
- To other pregnant substance users second
- To other people who inject drugs, third.

In carrying out this provision, DCTS-funded programs shall publicize the availability of services for women from the facilities and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community based organizations, health care providers, and social service agencies.

The program refers pregnant women to the State's Women's AODA Treatment Coordinator, when the program has insufficient capacity to provide services to any such pregnant women who seek the services of the program.

### **Treatment Services Requirements for Pregnant Women 45 CRF 96.131**

The County and/or its sub contracted providers must refer pregnant women to the State women's treatment coordinator, when the program has insufficient capacity to provide services to any such pregnant women who seeks services of the County or provider within 48 hours.

The County must make available **interim services within 48 hours** to pregnant women who cannot be admitted because of lack of capacity.

### **Interim Services**

**Interim Services or Interim Substance Use Disorder Services.** A County or their subcontracted providers that provides any DCTS funded treatment services must provide Interim Substance Use Disorder Services to priority populations, including pregnant women and individuals who inject drugs, when they cannot provide services within the required time frames of 48 hours for pregnant women and within 14 days for an individual who injects drugs, after the individual makes a request for admission to a county substance use disorder treatment program.

Per Title 45: Part 96.121(4), Interim Substance Use Disorder Services means services that are provided until an individual is admitted to a substance use disorder treatment program. The purposes of the services are to reduce the adverse health effects of such misuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risk of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

DCTS funded addiction treatment programs must incorporate the following components when admitting pregnant women and women with dependent children (including women attempting to regain custody of their children):

1. The program treats the family as a unit and, therefore, admits both women and their children into treatment services, if appropriate.
2. The program provides or arranges for primary medical care for women who are receiving substance abuse services, including prenatal care.
3. The program provides or arranges for childcare while the women are receiving services.
4. The program provides or arranges for primary pediatric care for the women's children, including immunizations.
5. The program provides or arranges for gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, and parenting, and childcare while the women are receiving these services.
6. The program provides or arranges for therapeutic interventions for children in custody of women in treatment, which may among other things; address the children's developmental needs, their issues of sexual and physical abuse, and neglect.
7. The program provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services provided by (2) through (6) above.

**C. Counties must follow the State and Federal Requirements regarding People Who Inject Drugs, 46 CFR 96.126**

1. In order to obtain DCTS funds, the State requires Counties and their sub-contracted programs that receive funding under the grant and treat individuals for intravenous drug use to provide to the State Opioid Treatment Authority, upon reaching 90 percent of its capacity to admit individuals to the program, a notification of that fact within seven days. In carrying out this section, the County and its subcontracted providers shall establish a capacity management program which reasonably implements this section—that is, which enables any such program to readily report to the State Opioid Treatment Authority when it reaches 90 percent of its capacity—and which ensures the

maintenance of a continually updated record of all such reports and which makes excess capacity information available to such programs.

2. In order to obtain DCTS funds, the County and its subcontractors shall ensure that each individual who requests and is in need of treatment for intravenous drug use is admitted to a program of such treatment not later than—
  - (a) 14 days after making the request for admission to such a program; or
  - (b) 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.
3. In carrying out subsection 2(b), the County shall establish a waiting list management program which provides systematic reporting of treatment demand to the State. The County shall require that any program receiving funding from the grant, for the purposes of treating people who inject drugs, establish a waiting list that includes a unique patient identifier for each person who injects drugs seeking treatment including those receiving interim services, while awaiting admission to such treatment. For individuals who cannot be placed in comprehensive treatment within 14 days, the County shall ensure that the program provide such individuals interim services as defined in § 96.121 and in Section C (3) above, and ensure that the programs develop a mechanism for maintaining contact with the individuals awaiting admission. The County shall also ensure that the programs consult the capacity management system as provided in paragraph 2(a) of this section so that patients on waiting lists are admitted at the earliest possible time to a program providing such treatment within reasonable geographic area.
4. In carrying out paragraph 2(b) of this section the County shall ensure that all individuals who request treatment and who cannot be placed in comprehensive treatment within 14 days, are enrolled in interim services and those who remain active on a waiting list in accordance with paragraph 3(c) of this section, are admitted to a treatment program within 120 days. If a person cannot be located for admission into treatment or, if a person refuses treatment, such persons may be taken off the waiting list and need not be provided treatment within 120 days. For example, if such persons request treatment later, and space is not available, they are to be provided interim services, placed on a waiting list and admitted to a treatment program within 120 days from the latter request.
5. The County shall require that any entity that receives funding for treatment services for people who inject drugs carry out activities to encourage individuals in need of such treatment to undergo such treatment. The County shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:

- (a) Selecting, training and supervising outreach workers
  - (b) Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2
  - (c) Promoting awareness among people who inject drugs about the relationship between injecting drugs and communicable diseases such as HIV
  - (d) Recommend steps that can be taken to ensure that HIV transmission does not occur; and
  - (e) Encouraging entry into treatment.
6. The County will comply with State monitoring and reporting to assure compliance with this section. Counties will report under the requirements of § 96.122(g) on the specific strategies used to identify compliance and will follow any corrective actions to be taken to address identified problems.

**D. Counties must follow State and Federal Requirements Regarding Tuberculosis (TB), 45 CFR 96.127**

1. The County and any program funded by DCTS funds must directly, or through arrangements with other public or nonprofit private entities, routinely make available the following TB services to each individual receiving treatment for substance use disorders:
- (a) Counseling the individual with respect to TB
  - (b) Testing to determine whether the individual has been infected with mycobacterium TB to determine the appropriate form of treatment for the individual
  - (c) Providing for or referring the individuals infected by mycobacterium TB appropriate medical evaluation and treatment.
2. For clients denied admission to the program on the basis of lack of capacity, the program refers such clients to other providers of TB services.
3. The program has implemented the infection control procedures that are consistent with those established by the Department to prevent the transmission of TB and that address the following:
- (a) Screening patients and identification of those individuals who are at high risk of becoming infected

- (b) Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements 45 CFR parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR part 2
- (c) Case management activities to ensure that individuals receive such services.

4. The program reports all individuals with active TB as required by State law and in accordance with Federal and State confidentiality requirements 45 CFR Parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR Part 2.

#### **E. Additional Requirements, 45 CFR 96.132**

1. The program makes continuing education in treatment services available to employees who provide the services.
2. The program has in effect a system to protect patient records from inappropriate disclosure, and the system:
  - (a) Is in compliance with all applicable State and Federal laws and regulations 45 CFR Parts 160 & 164 HIPAA, 42 CFR Part 2, and Wis. Stat. 51.30.
  - (b) Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.

#### **F. State Statutory and Administrative Rule Requirements**

Counties and their subcontractors must follow all Wisconsin statutory requirements for substance use disorder treatment programs, including Wis. Stats s. §51.42(3)(ar)4m, "If State, Federal and county funding for alcohol and other drug abuse treatment services provided are insufficient to meet the needs of all eligible individuals, ensure that first priority for services is given to pregnant women who suffer from alcoholism or alcohol abuse or are drug dependent."

In addition the following State Statutes and Administrative Rules must be followed in providing all treatment services funded through State and Federal SAPTBG funding:

1. Legal Status of Consumer:
  - Wis. Stats. Ch. [51. State alcohol, drug abuse, developmental disabilities and mental health act.](#) (particularly §§ 51.10, 51.15, 51.20, 51.42, 51.45, and 51.47)
  - Wis. Stats. Ch. [54. Guardianships and conservatorships](#)
  - Wis. Stats. Ch. [55. Protective service system](#)
  - Wis. Stats. Ch. [155. Power of attorney for health care.](#)
2. Patient/Client Rights:

- Wis. Stats. Ch. [51. State alcohol, drug abuse, developmental disabilities and mental health act.](#) (particularly §§ 51.30 and 51.61)
  - Wis. Admin. Code DHS 94 [Patient rights and resolution of patient grievances](#)
- Note: Patients/clients may have additional rights under applicable provider federal/state statutes and regulations.

3. Confidentiality Requirements:

- **Wis. Stats. §§ 146.81 – 146.84** - These requirements deal with general health records
- **Wis. Stats. § 252.15** - These requirements deal with restrictions on the use of HIV test information
- **Wis. Stats. § 51.30Wis. Admin. Code DHS 92 – confidentiality of treatment records. Wis. Stats. §134.97** - Disposal of records containing personal information
- **Wis. Stats. Ch. 137** - Authentications and Electronic Transactions and Records.

4. Provider Regulations:

- Wis. Admin. Code DHS 12 - [Caregiver background checks](#)
- Wis. Admin. Code DHS 13 - [Reporting and investigation of caregiver misconduct](#)
- Wis. Admin. Code DHS 62 - [Assessment of drivers with alcohol or controlled substance problems](#)
- Wis. Admin. Code DHS 66 - [Treatment alternative program](#)
- Wis. Admin. Code DHS 70 - [Group homes for recovering substance abusers](#)
- Wis. Admin. Code DHS 75 - [Community substance abuse service standards](#)
- Wis. Admin. Code DHS 82 - [Certified adult family homes](#)
- Wis. Admin. Code DHS 83 - [Community-based residential facilities](#)
- Wis. Admin. Code DHS 88 - [Licensed adult family homes](#)

## H. Payment Schedule, 45 CFR 96.137

The program uses DCTS funds as the “payment of last resort” for services for pregnant women and women with dependent children and TB services and, therefore, makes every reasonable effort to do the following:

Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX; any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program.

Secure from patients or clients’ payments for services in accordance with their ability to pay.

The amount set aside for women’s services shall be expended on individuals who have no other financial means of obtaining such services as provided in 45 CFR § 96.137.

### **III. Fiscal and Client Reporting on the Use of the Additional Funds**

- A. National Outcome Measurement System (NOMS): The County and/or vendors/sub-contractors receiving funds shall report data on Federally-required NOMS using the Program Participation System (PPS). All agencies receiving state or federal funds through this contract are required to have in place the mechanisms to report timely, accurate, and complete NOMS data. If the State should receive a reduction in the funding allocation due to failure to report NOMS, contract agencies that have not met the NOMS reporting requirements may be subject to a funding reduction and required to refund part of payments already made.
- a. Accurate and complete client and expenditure data shall be reported to the Department using the PPS for clients served by the use of these funds as well as for all clients served by the county or its subcontractors.
- b. An annual report must be submitted via the method required by DCTS by the date specified in the annual numbered memo.
- c. Failure to report these funds and the clients served as specified above may result in the loss of these funds by the County and their repayment by the County to the department.

### **IV. Payment Procedures**

These funds shall be paid in accordance with the State/County Contract.

### **V. Availability of Funds**

The Department shall pay the County for the services it provides or purchases as set forth in this contract within the limits of funds appropriated.

### **VI. Additional Requirements**

Requirements herein stated and in the base State/County contract apply to any sub-grants or grants. The contracting agency has primary responsibility to take constructive steps to ensure the compliance of its subcontractors.

### **VII. Fiscal and Client Reporting on the Use of the Additional Funds**

- A. The Contractor and/or vendors/sub-contractors receiving DCTS funds shall report expenses and data using a reporting system designated by the Division of Care and Treatment Services. All agencies receiving DCTS funds through this contract are required to have in place the mechanisms to report timely, accurate, and complete data. Failure to file reports on a timely basis may result in the loss of funds to the Contractor.
- B. Charitable Choice reporting. Contractors must report to their contract administrator the number of clients referred to alternative services to which the client has no religious objection.